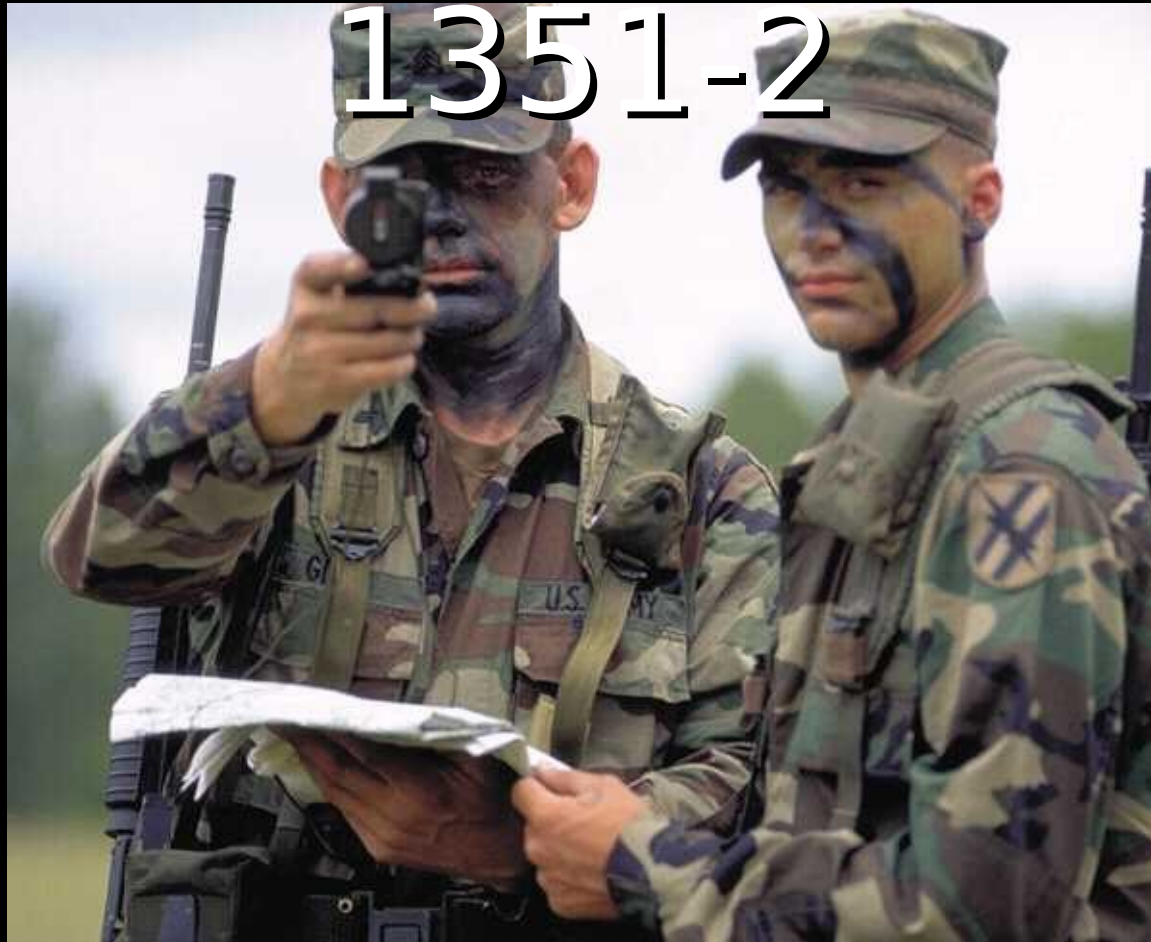


FILLING OUT YOUR DD



TRAVEL PAY

SERVICES

[illegible]

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE		4. SSN		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
10. FOR D.O. USE ONLY		a. D.O. VOUCHER NUMBER					
11. ORGA		12. DEPE		13. AC		14. NAV	
15. ITINE		a. DATE					
16. POC		17. REIM		18. DATE			
20. a. CLAIMANT SIGNATURE		b. DATE		c. SUPERVISOR SIGNATURE		d. DATE	
21. a. APPROVING OFFICER SIGNATURE						b. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						28. AMOUNT PAID	

TRAVEL VOUCHER OR SUBVOUCHER					
<small>Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.</small>					
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
2. NAME (<i>Last, First, Middle Initial</i>) (<i>Print or type</i>)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (<i>X as applicable</i>) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependant(s)
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
e. E-MAIL ADDRESS					
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION			b. SUBVOUCHER NUMBER		
12. DEPENDENT a. NAME					
15. ITINERA a. DATE					
D A O A D A D A D A D A					
16. POC TR					
18. REIMBU a. DATE					
20. a. CLAIM					
21. a. APPROVING OFFICER SIGNATURE					b. DATE
22. ACCOUNTING CLASSIFICATION					
23. COLLECTION DATA					
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/AUTHORIZATION POSTED BY	27. RECEIVED (<i>Passee Signature and Date or Check No.</i>)		28. AMOUNT PAID
DD FORM 1351-2, DEC 2003					
PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED					
				Reset	Exception to SF 1012 approved by GSA/IRMS 12

TRAVEL VOUCHER OR SUBVOUCHER						Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.							
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.											
<input type="checkbox"/> Electronic Fund Transfer (EFT)													
<input type="checkbox"/> Payment by Check	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____												
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE		4. SSN		5. TYPE OF PAYMENT (X as applicable)						
							<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Other DLA						
a. ADDRESS, a. NUMBER AND STREET			b. CITY		c. STATE		d. ZIP CODE						
e. E-MAIL ADDRESS													
7. DAYTIME TELEPHONE NUMBER & AREA CODE			8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		10. FOR D.O. USE ONLY						
							a. D.O. VOUCHER NUMBER						
							b. SUBVOUCHER NUMBER						
11. ORGANIZATION AND STATION													
12. DEPENDENT(S) (X and complete as applicable)							13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						
<input type="checkbox"/>							<input type="checkbox"/>						
a. NAME							c. PAID BY						
> Block 11 (Organization & station): Unit of Assignment (Permanent)													
> Block 12 & 13 & 14: Leave Blank; for PCS travel only													
15. ITINERA													
a. DATE													
D	O	A	D	A	D	D	ARR	SEP	ARR	SEP			
16. POC TRAVEL (X one)							OWN/OPERATE		PASSENGER				
18. REIMBURSABLE EXPENSES							17. DURATION OF TOY TRAVEL						
a. DATE		b. NATURE OF EXPENSE			c. AMOUNT		d. ALLOWED						
									12 HOURS OR LESS				
									MORE THAN 12 HOURS BUT 24 HOURS OR LESS				
									MORE THAN 24 HOURS				
									(4) Dependent Travel				
									(5) DLA				
									(6) Reimbursable Expenses				
									(7) Total 0.00				
									(8) Less Advance				
									(9) Amount Owed 0.00				
									(10) Amount Due				
19. GOVERNMENT/Deductible MEALS													
a. DATE				b. NO. OF MEALS		a. DATE				b. NO. OF MEALS			
20.a. CLAIMANT SIGNATURE				b. DATE		c. SUPERVISOR SIGNATURE				d. DATE			
21.a. APPROVING OFFICER SIGNATURE										b. DATE			
22. ACCOUNTING CLASSIFICATION													
23. COLLECTION DATA													
24. COMPUTED BY			25. AUDITED BY			26. TRAVEL ORDER/ AUTHORIZATION POSTED BY			27. RECEIVED (Payee Signature and Date or Check No.)			28. AMOUNT PAID	

TRAVEL VOUCHER

DD1351-2

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
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<input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS. a. NUMBER AND STREET			b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
e. E-MAIL ADDRESS			8. TRAVEL ORDER/AUTHORIZATION NUMBER		10. FOR D.O. USE ONLY		
7. DAYTIME TELEPHONE NUMBER & AREA CODE		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER			
11. ORGANIZATION AND STATION		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER			
12. DEPENDENT(S) (X and complete as applicable)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		c. PAID BY			
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE			
15. ITINERARY		MEANS/ MODE OF TRAVEL		REASON FOR STOP		LODGING COST	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		f. POC MILES			
16. POC TRAVEL (X one)							
18. REIMBURSABLE EXPENSE							
a. DATE							
						0.00	
						0.00	
						OF MEALS	
20. a. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE		d. DATE		
21. a. APPROVING OFFICER SIGNATURE						b. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)			28. AMOUNT PAID	

➤ Bock 15 (ITINERARY):

➤ Column a (date):

- Header line is for year;
- In blank spaces use calendar date, e.g. 26MAY
- Do not use times

[illegible]

[illegible]

AID

[illegible]

[illegible]

TRAVEL VOUCHER

DD1351-2

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
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<input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS: a. NUMBER AND STREET			b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
e. E-MAIL ADDRESS			10. FOR D.O. USE ONLY				
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		c. PAID BY	
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS	
15. ITINERARY				e. MEANS/ MODE OF TRAVEL		f. POC MILES	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. REASON FOR STOP		g. LODGING COST	
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
16. POC TRAVEL (X one)				17. DURATION OF TDY TRAVEL		e. SUMMARY OF PAYMENT	
<input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				12 HOURS OR LESS		(1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses	
18. REIMBURSABLE EXPENSES							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				
				0.00			
				0.00			
				NO. OF MEALS			
				DATE			
				DATE			
				NT PAID			
20. a. CLA							
21. a. APP							
22. ACCO							
23. COLL							
24. COM							
DD FO							

➤ Block 16: POC travel

- Mark Owner/operator if responsible for operation/maintenance expense & used POC at any point during trip, e.g. to/from airport etc.

- If owner/operator & passenger for different legs of trip - mark owner & clarify in remarks when you were

[illegible]

- **12 hours or less**

[illegible]

- **Column a: date expense occurred**
- **Column b: type expense, e.g. hotel taxes, tolls**
- **Column c: amount of expense**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.	
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Electronic Fund Transfer (EFT)					
Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE		4. SSN	
5. TYPE OF PAYMENT (X as applicable)					
TDY		Member/Employee			
PCS		Other			
Dependent(s)		DLA			
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE d. ZIP CODE	
e. E MAIL ADDRESS					
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
10. FOR D.O. USE ONLY					
a. D.O. VOUCHER NUMBER					
b. SUBVOUCHER NUMBER					
c. PAID BY					
d. COMPUTATIONS					
11. ORGANIZATION AND STATION					
12. DEPENDENT(S) (X and complete as applicable)					
ACCOMPANIED		UNACCOMPANIED			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE	
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?					
(X one) YES NO (Explain in Remarks)					
15. ITINERARY					
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			
c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP		e. LODGING COST	
f. POC MILES					
g. SUMMARY OF PAYMENT					
(1) Per Diem					
(2) Actual Expense Allowance					
(3) Mileage					
(4) Dependent Travel					
(5) DLA					
(6) Reimbursable Expenses					
(7) Total				0.00	
(8) Less Advance					
(9) Amount Owed				0.00	
(10) Amount Due					
16. POC TRAVEL (X one)					
OWN/OPERATE		PASSENGER			
17. DURATION OF TDY TRAVEL					
12 HOURS OR LESS					
MORE THAN 12 HOURS BUT 24 HOURS OR LESS					
MORE THAN 24 HOURS					
18. REIMBURSABLE EXPENSES					
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT d. ALLOWED	
19. GOVERNMENT/Deductible MEALS					
a. DATE		b. NO. OF MEALS		a. DATE b. NO. OF MEALS	
20. CLAIMANT SIGNATURE					
21. APPROVING OFFICER SIGNATURE					
22. COLLECTION CLASSIFICATION					
23. COLLECTION DATA					
24. COMPLETED BY		25. AUDITED BY		26. TRAVERSE AUTHORITY	

• Circle government or deductible as applicable

- **Column a: date**

[illegible]

TRAVEL VOUCHER

DD1351-2

TRAVEL VOUCHER OR SUBVOUCHER		Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$			
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA	
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	10. FOR D.O. USE ONLY
e. E-MAIL ADDRESS					
7. DAYTIME AREA CODE					
11. ORGANIZATION					
12. DEPENDENT <input type="checkbox"/> ACCC a. NAME					
15. ITINERARY a. DATE					
16. POC TR					
18. REIMBURSEMENT a. DATE					
20. a. CLAIMANT SIGNATURE					
b. DATE					
c. SUPERVISOR SIGNATURE					
d. DATE					
21. a. APPROVING OFFICER SIGNATURE					
b. DATE					
22. ACCOUNTING CLASSIFICATION					
23. COLLECTION DATA					
24. COMPUTED BY		25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

➤ Block 21 Column a (Approving officer signature):

- Approving official “approves” entitlements not on original order
- MUST have DD577 on file with paying Finance Office
- Should indicate items approved or anything claimed will be considered approved
- Printed name & signature block w/ signature
- Block 21 Column b : must be dated

TRAVEL VOUCHER

DD1351-2

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

Remarks:

disl
you
ren
ex:
Cai
ele
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tha
the
reg
Ch,
\$2:
sta
nov
pay

RE:

1.
app
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4.
5.
am
6.

- Use to clarify anything out of the ordinary
- Travel related issues not straightforward on form
- Exchange rates for foreign currency
- Indicate leave

29. RE:

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

Did You Know??



- Requirement for all soldiers;
sign-up at <http://www.U.S.Army.Mil>
- Automatically Sends Email to:
 - Notify Traveler When Voucher is Received by Servicing DFAS
 - Notify Traveler When Payment is Disbursed and the Amount
 - Provide Contact Information to Traveler for Servicing DFAS

Did You Know??



- Allows customer electronic access to:
 - **LES View/Print**
 - **Travel Voucher View**
 - **DFAS Vouchers Paid Within Last 6 Months**

<http://mypay.dfas.mil/>

TRAVEL PAY SERVICES
IVRS

1-800-332-7366 or DSN: 699

- Allows traveler to check (for past 90 days):
 - **Receipt of voucher**
 - **Payment of voucher**



***Avoid
Late
Payments!***

SPLIT DISBURSEMENT



***Fast
and
Reliable!***

- ✓ Department of Army has directed mandatory split payments for all military
- ✓ (EFT) payments only--not check payments
- ✓ Any portion or all of the travel payment can be sent to Bank of America charge card account
- ✓ Reviewing Official and Traveler determine Amount to be sent to BOA
- ✓ Any Voucher not having a check in Block 1 will not be processed. DFAS will attempt to call and resolve within 48 hours.

REIMBURSABLE EXPENSES



**Must
Be
Authorized!**

ATM Fees: Service members that

1) do not have a government charge card
and

2) use their personal card
can be reimbursed any fees for making a
withdrawal for travel.

Room Taxes: If travel occurred CONUS,
room taxes should be claimed in Block 18
(separately from lodging expense). If
OCONUS, do not separate expense.

PA miles: The rate for POC mileage has
been changed to \$.375 cents per mile.

(effective 1 Jan 04)

Top 10 Reasons For Problem Vouchers

- ✓ **Missing Traveler/Reviewer/Approving Official Signatures/Dates**
- ✓ **Missing Orders**
- ✓ **Missing Receipts/ Invalid Receipts**
- ✓ **Meals not Identified When Claiming Registration Fees**
- ✓ **Expenses Claimed but not Authorized in Orders**
- ✓ **Block for Mileage not checked/ Owner Operator not Claimed**
- ✓ **Incomplete Itinerary**
- ✓ **Traveler does not submit/Reviewer does not forward voucher within 5 business days of completion of travel**
- ✓ **ATM Expenses not Separated**

HOW TO REACH US...



ADDRESS

Defense Fin & Acctg Service - Orlando

DFAS-PT/OR

Box 934600

2500 Leahy Drive

Orlando, FL 32893-4600



TOLL FREE:

DSN: 1-800-950-9784

COMMERCIAL:

INTERACTIVE VOICE RESPONSE SYSTEM (IVRS): 1-888-332-7366



COMMERCIAL: 407-646-4369

DSN: 791-4369



E-mail: dfas-or-travel2@dfas.mil



Hours of Operation: 0800 - 1530